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I am Navy Medicine: Tracy S. Hejmanowski, Ph.D.

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By Tracy S. Hejmanowski, Ph.D., Naval Hospital Jacksonville Deployment Health Center

I've long been invested in deploying personnel because of their strong sense of service and courage. As the program manager and deployment psychologist for Naval Hospital Jacksonville's Deployment Health Center (DHC), I am privileged to work solely with pre- and post-deployers and their families.

I have been very fortunate to work with service members who are driven to improve their level of functioning upon return from theater. The post-deployment transition is not always an easy one, as events involving trauma may be intense and deeply personal. I am reminded on a daily basis of the importance of having a genuine human connection to help shoulder some of the burden our deployed personnel may carry. The humanity, dedication, and strength I witness every day, is nothing shy of remarkable.

Our team impacts operational readiness for all branches and components that we serve. We focus on normalizing readjustment reactions that occur after operational assignments, which can include anything from sleep problems, anger, depression, grief, anxiety, numbing, loss of purpose, and what we term 'moral injury' – the impact of missions on one's identity and sense of humanity.

We know that to meet the psychological and emotional concerns of our deployed personnel, we need to employ non-traditional interventions in addition to traditional one-to-one sessions and group therapies for specific deployed groups such as Navy Medicine hospital corpsman who provide the initial life-saving care of our Sailors and Marines on the battlefield.

We have made it our mission to offer alternative treatments, such as scuba-based stress reduction and breathing retraining, equine (horse)-assisted ground work for anger and anxiety, and outdoor kinetic group activities like elevated eco-challenge courses for reengagement and trust building. And for service members who may not readily seek out behavioral health care, we brought training and education to personnel and leadership at their worksites in order to open up important conversations about the signs (and myths) of readjustment stress.

And we know that post-deployment issues can lay dormant for some time, so we track the timeline of our returning personnel to provide outreach at various time periods. We also realize the need for outreach and support for family members and children in an effort to keep the family unit intact so that our personnel can remain fit for duty.

In all, the DHC provides varied options to help meet the needs of our deployed personnel so they can either remain on active duty or, when necessary, medically retire due to injuries sustained on deployment. Our dedicated team of providers and staff has created a place within Navy Medicine where our beneficiaries know with certainty that our foremost concern is to provide them the utmost compassionate care.

My opportunity to serve our operational service members is, by far, the most rewarding job I could hold.

I'm Tracy Hejmanowski. I am Navy Medicine

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